



RECEIVED

AUG 21 2003

Technology Center 2100

3801

PLACE OF BIRTH, Dist. No. 3801
City and (To be inserted by Registrar)
County of SAN FRANCISCO

California State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

Local Registered No. 4333

(No. 711) Jim Hospital Ward _____
[If birth occurred in a hospital or institution, give its NAME instead of street and number.]

Lothrop Mittenenthal [If child is not yet named, make supplemental report as directed.]

2 FULL NAME OF CHILD

PERSONAL AND STATISTICAL PARTICULARS

1 SEX OF CHILD <u>Male</u>	2 Twin, Triplet, or Other (To be answered only in event of plural births)	3 Number in Order of Birth	4 DATE OF BIRTH <u>June 22nd</u> 19 <u>21</u> (Month) (Day) (Year)
5 FATHER 1 FULL NAME <u>Norman Jerome Mittenenthal</u> 2 RESIDENCE <u>2530 Fulton St.</u> State _____		6 MOTHER 1 FULL MAIDEN NAME <u>Bessie Brody</u> 2 RESIDENCE <u>2130 Fulton St.</u> State _____	
7 COLOR OR RACE <u>white</u>	8 AGE AT LAST BIRTHDAY <u>31</u> (Years)	9 COLOR OR RACE <u>white</u>	10 AGE AT LAST BIRTHDAY <u>32</u> (Years)
11 BIRTHPLACE <u>Texas</u> (State or country)		12 BIRTHPLACE <u>Illinois</u> (State or country)	
13 OCCUPATION (a) Trade, profession or particular kind of work <u>Salesman</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Pac. States Elec. Co.</u>		14 OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____	
15 Was a prophylactic for Ophthalmia Neonatorum used? If so, what? <u>Yes</u>		16 Number of children born to this mother, including present birth <u>2</u>	
17 Number of children of this mother now living <u>2</u>			

18 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1¹⁹ A.M. on the date above stated.

(Signature) Adolph H. Nahman
Dated 6-22 1921 M.D.
(Physician, midwife, father, etc.)

Given name added from a supplemental report _____ 19____

Registrar

Address 902 Divisadero St.
William C. Hassler
Filed JUN 26 1921
Registrar or Deputy

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

NO.

20852

DATED: NOVEMBER 24, 1958

SAN FRANCISCO, CALIFORNIA

Ellis D. Sox

ELLIS D. SOX, M.D.
DIRECTOR OF PUBLIC HEALTH AND
LOCAL REGISTRAR